

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008213</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>01/22/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SANDWICH REHAB &amp; HCC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>902 EAST ARNOLD STREET SANDWICH, IL 60548</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	<p>Final Observations</p> <p>Annual Licensure</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210a) 300.1210b) 300.2040b) 300.2040g) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which</p>	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

02/24/16

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S9999	<p>Continued From page 1</p> <p>allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Section 300.2040 Diet Orders</p> <p>b) Physicians shall write a diet order, in the medical record, for each resident indicating whether the resident is to have a general or a therapeutic diet. The diet shall be served as ordered.</p> <p>g) The kinds and variations of prescribed therapeutic diets shall be available in the kitchen. If separate menus are not planned for each specific diet, diet information for each specific type, in a form easily understood by staff, shall be available in a convenient location in the kitchen.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow dietary recommendations to provide fortified foods for a resident who had a 25 pound unplanned weight loss over eight months. This failure contributed to a significant weight loss of 8.29% in three months, along with a documented decreased food intake. This applies to 1 of 5 residents (R10) reviewed for weight loss in the sample of 11.</p> <p>The findings include:</p> <p>R10's October 13, 2015 MDS (Minimum Data Set) showed her diagnoses include stroke with right arm paralysis, dementia, depression with agitation, and multiple sclerosis. R10 was assessed to have moderate cognitive impairment. On January 19, 2016 at 1:05 PM, R10 was seated in the corner of the Main Dining Room holding a spoon. R10 had only eaten her meat.</p> <p>R10's 2015 Monthly Weight Record showed R10 showed R10 lost 25 pounds (155 pounds to 130 pounds) between March and November 2015. R10's January 4, 2016 Dietary Quarterly Assessment showed a significant weight loss of 6.31% in one month, and an 8.29% loss in three months. R10's February 5, 2015 Nutrition Assessment shows her albumin value as 3.2 g/dl (low). R10's Dietary Quarterly Assessment showed a decline in food intake from 75-100% in June 2015 to 50% in January 2016. MDS of October 13, 2015 showed R10 is not on planned weight loss program. R10's Registered Dietitian note from July 7, 2015 showed a recommendation for adding fortified cereal at breakfast after R10 lost seven pounds in one</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>month, and 13 pounds in the previous three months. R10's Registered Dietitian note dated November 24, 2015 showed to add fortified foods again, after R10 lost nine more pounds.</p> <p>A Dietary Services Communication dated November 24, 2015, showed R10's physician approved the recommendation for adding fortified foods on December 23, 2015, almost one month later. No physician order for fortified foods was present on R10's January Physician Order Sheet.</p> <p>On January 21, 2016 at 3:25 PM, E8 (Dietary Manager) stated fortified foods have never been offered at the facility.</p> <p>On January 22, 2016 at 10:30 AM, E3 (Care Plan Coordinator) stated there was no care plan for R10's weight losses. R10's January 13, 2015 Nutrition care plan has not been updated and showed "No concerns with appetite at this time."</p> <p>The facility's October 2014 Resident Weight Monitoring policy showed, "8. The Food Service Manager and interdisciplinary team review the residents' weights and nutritional status, and make recommendations for intervention ... 10. Nursing contacts the physician to convey recommendations from the interdisciplinary team and/or dietician and obtains any new orders. 11. Significant changes in weights are documented in the care plan with goals and approaches/interventions listed."</p> <p>(B)</p>	S9999		